

Asthma  
Toxic Inhalation  
Difficult Breathing

## BLS INTERVENTIONS

1. Assess environment and determine possible causes
2. Remove patient from suspected source and decontaminate as indicated
3. Recognize s/s of respiratory distress for age
4. Reduce anxiety, assist patient to assume POC
5. Oxygen administration as clinically indicated, (humidified oxygen preferred)

## ALS INTERVENTIONS

1. Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air if possible
2. Nebulized Albuterol 2.5 mg with Atrovent may repeat times two (2)
  - a. 1 Day to 12 months – Atrovent 0.25mg
  - b. 1 year to 14 years – Atrovent 0.5mg
3. If no response to Albuterol and Atrovent, consider Epinephrine (1:1000) 0.01mg/kg SC not to exceed adult dosage of 0.3mg
4. Obtain vascular access at a TKO rate
5. Consider Protocol Reference #7011 Pediatric Allergic Reaction if allergic reaction suspected
6. Base hospital physician may order additional medications or interventions as indicated by patient condition.

APPROVED: ON FILE

Medical Director, ICEMA Date

  

ON FILE

Health Officer, San Bernardino County Date

  

ON FILE

Executive Director, ICEMA Date

ON FILE

Health Officer, Inyo County Date

  

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Health Officer, Mono County Date